2002 UNIFORM BUSINESS REPORT (UBR) 10 FILED Mar 10, 2002 8:00 am

DOCUMENT # F0100004739 1. Entity Name CHARLES JAMISON, INC.						Secretary of State 01-23-2002 90064 001 ***150.00					
Principal Plac	ce of Business	Mailing Address			1						
800 OLD ROS ROSWELL GA	PAKRW	AY. SUITE 320	_ 1112								
10.1.3. 1.20			1								
Principal Place of Business Mailing Address			-	<u> </u>							
Suite, Apt. #, etc. Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. 1	FEI Number	58-2420457	,		oplied For ot Applicable	7
Zip	Country	Zip	Countr	γ	5. (i. Certificate of Status Desired S8.75 Additional Fee Required					
	6. Name and Address of Current R	egistered Agent		None	71	Name and Ac	idress of New R	legistered A	gent]
	TION OFFINAR AGUS			Name			<u></u>				
- CORPORATION SERVICE COMPANY 1201 HAYES STREET				Street Address (P.O. Box Number is Not Acceptable)							
TALLAHASSEE FL 32301				City FL Zip Code						e	_
. 7	named entity submits this statement for t			4 (1)					l		4
9. This corporate filling to (See criter)	FEE I	Agent signature required \$ \$150.00 rill be \$550.00 partment of Sta		10. Election	on Campaign Fin			O May Be			
11.	OFFICERS AND D	IRECTORS	12.	<u> </u>	AD	DITIONS/CH	ANGES TO OFF	ICERS AND	DIRECTOR	\$ IN 11	1
TITLE	V	☐ Delete	TITLE		AVP				☐ Change	Addition	(10/6)
NAME STREET ADDRESS	OUD OLD HOUSELE BUILD Allumin, OUT LOCU			ADORESS	Hinsdale, Julie				î` . Ste.		
CITY-ST-ZIP	ROSWELL GA 30076		CITY-S				GA -300				1 22
NAME	CFO FENTRESS, DERRIAN S	□ Delete	TITLE NAME CTREET	ADDRESS		•			☐ Change	Addition	O
STREET ADORESS CITY-ST-ZIP	1 000 OLD HOOMELE BALEO I AMINIATI, SOME OZO			T-ZIP							}
TITLE NAME	ST SMITH, E. GRIGGS	☐ Delete	TITLE NAME						☐ Change	Addition	
_STREET ADDRESS .: City-St-Zip	800 OLD ROSWELL-LAKES PARKWAY, SUITE 320			ADORESS		- 			· · · · · · · · · · · · · · · · · · ·]
titLE		Delete	TITLE						Change	Addition	1
NAME STREET ADDRESS			name Street	ADDRESS							1
CITY-ST-ZIP	<u>.</u>		CITY-S						_		
TITLE		☐ Delete	TITLE						Change	Addition	
NAME STREET ADDRESS		-	NAME STREET	ADDRESS							
CITY-ST-ZIP			CITY-S	1				_			
TITLE		□ Delete	TITLE			 -			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET	ADDRESS							
CITY-SI-ZIP			CITY-S	l l							
13. I hereby of indicated of the corp changed.	ertify that the information supplied with the on this report or supplemental eport is transfer or the receiver or traffee empored or on an attachment with an address with the contract of the receiver of the receiver or traffee empored or on an attachment with an address with the receiver of the receiver or the receiver or the receiver of the receiv	is filing does not qualify for the pe and accurate and that my ered to execute this report as all other like empowered.	signatur required	e shall have the s d by Chapter 607	same le ', Florid	egal effect as da Statutes; ar	lorida Statutes. I if made under o not that my name	further certi ath; that I ar appears in	fy that the in n an officer Block 11 or	formation or director Block 12 if	}